## P03000/5/574

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: EZ (ORP, INC. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Luis E. Sanchez.  (Name of Person)
TZ (ORD INC. (Name of Firm/Company)
12025 SW 435+ (Address)
Mami FL 33434. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (786) 2238833 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR A CO	CTOR RESIGNA PRPORATION	ATION ZOOTMAY 21 PM  TALLAHASSEE, FLORID	1:46
i; Nelly Sanchz. F7 (DVD Too	, hereby resign as_	Secutary (Title)	TE 24
of LZ. WYY Inc.  (Name of Corpora  P03000151574, a corpora  (Document Number, if known)  F101104.	,	der the laws of the State of	_,

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314